



OFFICE OF SPEAKER NANCY PELOSI FACT SHEET

October 9, 2007

TOP MYTHS ABOUT THE BIPARTISAN CHILDREN'S HEALTH INSURANCE BILL

1. **MYTH: Does not target poor kids and extends coverage to kids in families earning \$83,000**

BUT THE TRUTH IS...

The bipartisan children's health insurance bill puts poor kids first, just as the President claims it should. The bill specifically targets the lowest-income uninsured children for outreach and enrollment in the State Children's Health Insurance Program and Medicaid. Senator Orrin Hatch (R-Utah) recently explained that 92 percent of children covered by the bill will be in families making less than 200 percent of the federal poverty level. No state currently covers children in families earning \$83,000, the bipartisan bill does NOT call for coverage for children in families at higher income levels. Instead, the bill REDUCES federal matching funds for future coverage of children at higher income levels, provides incentives to cover the lowest-income children instead. Also, the bill adds a new performance review and accountability measure to track the number of low-income children covered in each state. [[Houston Chronicle, 10/6/07](#)]

2. **MYTH: Provides health coverage to illegal immigrant children.**

BUT THE TRUTH IS...

Undocumented immigrants have never been eligible for Medicaid or the State Children's Health Insurance Program. The bipartisan children's health insurance bill would require proof of citizenship before enrollment in SCHIP, similar to requirements for the Medicaid program. States could use a number of different methods for verifying citizenship including requiring original birth certificates, passports, or Social Security numbers.

3. **MYTH: Moves 2 million kids from private insurance into government insurance.**

BUT THE TRUTH IS...

"Many people assume that CBO's estimate of the bipartisan agreement means that the families of 2 million children who currently have private coverage would voluntarily drop that coverage for their children and enroll the children in SCHIP or Medicaid instead. As CBO director Peter Orszag has explained, this is not correct... CBO defines "crowd-out" to include all children who are *uninsured* when they enroll in SCHIP or Medicaid but whose families would — in the absence of SCHIP or

Medicaid — have purchased private coverage for these children at some point in the future, possibly many months later.” [\[Center on Budget and Policy Priorities, 9/27/07\]](#)

4. MYTH: Will lead to socialized medicine.

BUT THE TRUTH IS...

The bipartisan State Children’s Health Insurance Program (SCHIP) is a capped block grant program, not an entitlement program and is run at the state level – not from Washington, D.C. Furthermore, Medicaid, SCHIP uses private doctors and private health care plans. Indeed, the vast majority of children enrolled in SCHIP receive their health care coverage through private health care plans that contract with their states. [\[Center on Budget and Policy Priorities, 7/20/07\]](#)

5. MYTH: Covers “kids” up to age 25 years old.

BUT THE TRUTH IS...

There are absolutely NO provisions in this bill that change the existing eligibility rules regarding the age of children covered. Under the bill, just as under current law, the State Children’s Health Insurance Program covers children up to age 19.

6. MYTH: Much of the funding for SCHIP under this bill will go to adults.

BUT THE TRUTH IS...

This bipartisan children’s health insurance bill places the priority on children’s coverage – and then PHASES OUT the coverage of parents and childless adults entirely over a two-year period (there are currently about 600,000 of these adults covered under SCHIP). Only optional coverage for pregnant women remains under the bill.

7. MYTH: Covers taxpayer-funded abortions.

BUT THE TRUTH IS...

The State Children’s Health Insurance Program (SCHIP) has never covered abortion services; and continues to not cover abortion services under this bill.

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